CHAPTER 3.1
Infection Control Procedures (E)

I. POLICY

All California Department of Corrections and Rehabilitation (CDCR) employees shall adhere to the mandates of the Dental Services Infection Control Program (DSICP) in the delivery of dental care to inmate-patients in order to provide the safe delivery of dental services to inmate-patients with communicable diseases, and minimize the possibility of the transmission of infection to other inmate-patients or dental personnel. The CDCR provides testing, treatment, monitoring and reporting of all communicable diseases that fall within state and federal guidelines.

The DSICP infection control program includes, but is not limited to:

A. Written policies, procedures, and practices that define surveillance techniques to be used to detect inmates with infectious and communicable diseases.

B. Specifications about appropriate immunizations, procedures, and practices for the purpose of preventing the transmission of infectious and communicable diseases.

C. Descriptions of appropriate treatment of inmate-patients with infectious and communicable diseases, including isolation, when medically indicated.

D. A procedure to ensure inmate-patient compliance with prescribed health care treatment regimens.

E. Specifications for the decontamination of medical equipment, surfaces, and facilities where dental treatment is provided.

F. Instructions for the proper disposal of sharps and biohazardous waste. Sharps are defined as dental or medical devices with a thin edge or fine point that are capable of cutting or piercing, (e.g., needles, scalpels, dental burs). Biohazardous waste is defined as waste that might contain infectious agents, (e.g. blood, human tissue).

G. Requirements that health care workers give strict adherence to standard precautions in order to minimize the risk of exposure to blood and other body fluids.

H. Specifications of work restrictions for health-care personnel infected with or occupationally exposed to infectious diseases.

I. Requirements for the management of occupational exposures to bloodborne pathogens, including post exposure prophylaxis for work exposures to hepatitis B virus, hepatitis C virus, and human immunodeficiency virus.

J. Procedures for selecting and using Personal Protective Equipment (PPE) with features designed to prevent injury from sharps.

K. Procedures for using hand-hygiene products, surgical hand antisepsis, etc.

L. Procedures for handling health care personnel with contact dermatitis and latex hypersensitivity.

M. Procedures for the proper sterilization of wrapped and un-wrapped dental instruments.

N. Procedures for dental water-quality concerns including, but not limited to, the use of sterile water for all invasive dental surgical procedures, (e.g., dental unit waterline biofilms, delivery of water of acceptable biological quality for patient care, usefulness of flushing waterlines).

O. Infection control procedures for dental radiology.

P. Specifications for aseptic technique for parenteral medications.

Q. Specifications for pre-procedural mouth rinsing for patients.

R. Infection control protocols for oral surgical procedures.

S. Description of the Tuberculosis (TB) testing programs.

T. Infection control program evaluations.

II. PURPOSE

The DSICP shall promote a safe and healthy work environment; prevent the incidence and spread of disease; establish procedures to ensure that inmates and staff infected with communicable diseases receive prompt care and treatment; and provide guidelines for the completion and filing of all reports consistent with local, state, and federal laws and regulations regarding infectious and communicable diseases. The infection control program consists of written policies, procedures, and practices designed to prevent or reduce the risk of disease transmission, and to effectively monitor the incidence of infectious and communicable diseases among inmates and staff.

III. DISCUSSION

A. All institutions shall have an infection control policy and procedures committee to monitor and review the implementation of infection control policy at the institution. The committee shall consist of representatives from various areas of the institution, (custody, health care services, plant operations, etc.), who are involved in facility sanitation and in the control of infections in the institution.

B. In many facilities, the local Quality Improvement Committee (QIC) or a separate Infection Control Committee (ICC) shall be organized to oversee the infection control program. The QIC or ICC shall have monthly or quarterly meetings and shall keep written minutes of those meetings. The QIC or ICC is responsible for infection control policies and procedures; inspection, cleaning, and disinfection techniques; and other matters related to infection control. The QIC or ICC shall be monitored on a regular basis through the Quality Management Assessment Team (QMAT) process.

C. All institutions shall follow appropriate isolation procedures specific to the infection or communicable disease being addressed, which meet the following guidelines:

1. If medically indicated, the inmate-patient shall be accommodated in a separate room with a separate toilet, hand-washing facility, soap dispenser, and single-service towels.
2. If used to house individuals with air-born diseases, the room shall have negative air pressure so that all air currents flowing into the room are properly vented allowing room air to flow safely out of the building to the outside. If such an isolation room is not available, the inmate-patient shall be transferred to a facility that can provide proper isolation.
3. Procedural techniques shall include, but are not limited to, hand washing upon entering and leaving the isolation area, proper handling and disposal of infectious materials, proper isolation methods, instructions to inmate-patients housed in, and visitors to, the isolation room, proper handling of patient care equipment, and cleaning and disinfecting of isolation accommodations.

E. CDCR mandates that all inmates and employees shall be screened annually for exposure to TB with the tuberculin skin test using the Mantoux method. Positive test results should be followed-up with a radiographic chest examination and, if appropriate, sputum smears and culture. (Ref. Volume 4: Medical Services, Chapter 2: Health Screening - Reception Center, Section III, Item F.e)

F. Standard precautions require that health care workers consider all patients as potentially infected with blood-borne pathogens and follow infection control precautions intended to minimize the risk of exposure to blood and certain other body fluids. (See Centers for Disease Control and Prevention. Guidelines for Infection Control in Dental Health-Care Settings – 2003. MMWR 2003;52(No.RR-17). Standard precautions apply to exposure to blood and body fluids, secretions, and excretions (except sweat), regardless of whether they contain blood, which come in contact with non-intact skin or mucous membranes.

IV. PROCEDURE

Each CDCR dental services employee shall practice the following dental clinic and dental laboratory infection control procedures. The Chief Dentist (CD) at each Correctional Facility shall ensure that all dental employees receive annual training in the following infection control procedures. Each new dental department employee shall be provided training prior to assignments involving direct or indirect patient care duties. Each CD shall document dates, contents of training, names of persons conducting the training and names of all employees receiving training.

Any unusual or accidental employee exposure to potentially infectious matter is to be reported to the CD or designee, and the exposure control personnel or designee. The CD or designee on duty shall ensure that an incident report, all required Worker Compensation documents, and any other required forms are completed and properly filed. The CD and exposure control personnel shall

maintain a record of unusual or accidental exposures and any corrective action plans that result from such exposures.

A. INFECTION CONTROL IN DENTAL CLINICS

1. Health History

   A thorough health history shall be compiled for all inmate-patients, including specific questions about medications, illnesses, hepatitis, drug use, previous blood or blood product transfusions, unexplained weight loss, lymphadenopathy, oral soft tissue lesions, and active infections. Inmate-patients with a suspected undiagnosed infectious disease shall be referred to a physician for a follow-up medical evaluation. Health histories on all inmate-patients shall be updated with each new treatment plan and each new provider or at least annually. Health histories shall be reviewed by each treating dentist prior to treatment.

2. Protective Gloves

   a. Disposable gloves shall be worn when there is a potential for touching blood, saliva or mucous membranes and when examining oral lesions. Gloves are also imperative when touching blood-soiled items, body fluids, and secretions, or when touching surfaces contaminated with these products. All dental personnel shall wear sterile surgical gloves when performing oral surgery procedures.

   b. Repeated use of a single pair of gloves between patients is prohibited. Staff shall not wash surgical or patient examination gloves before use, or wash, disinfect, or sterilize gloves for reuse. Disposable gloves must be replaced upon the completion of the dental procedure or whenever torn or punctured during the procedure. Gloves that are torn, cut, or punctured shall be removed as soon as feasible, and the health care worker's hands washed before re-gloving.

   c. Dental staff shall wash their hands prior to putting on gloves and immediately upon removing them to avoid transfer of microorganisms to other inmate-patients or environments.

   d. Hypoallergenic gloves shall be available. Hypoallergenic gloves shall only be used by dental staff with documented allergic reactions to standard gloves, or for treating patients with known allergic reactions to latex.

   e. Utility gloves used for cleanup shall be decontaminated for reuse but must be discarded if they are deteriorated or fail to function as a barrier.

3. Protective Clothing

   Clinic jackets, lab coats, gowns, and other protective clothing shall be made available. Such protective clothing must be removed immediately or as soon as feasible when penetrated by blood or other infectious materials, and prior to leaving the work area. Head and shoe covers shall be available and utilized as necessary

4. Utilization and Disposition of Personal Protective Equipment

a. Gloves, disposable long-sleeve gowns, chin-length face shields in conjunction with a mask, or a combination of a mask and eye protection (such as glasses with solid side shields or goggles) must be worn for any surgical procedure and at all times when splashes, spray, splatter, aerosols, or droplets of blood, or other infectious materials may be generated.

b. Chin-length face shields and goggles or eyeglasses with solid side shields shall be cleaned and disinfected with Environmental Protection Agency (EPA) approved products whenever they are visibly soiled and after each procedure that generates splashes, spray, splatter, or aerosols.

c. Contaminated personal protective clothing or equipment must be placed in an appropriately designated area or in a labeled infectious waste, or linen container for storing, washing, decontaminating, or discarding.

d. Dental personnel shall be provided lockers as well as a suitable venue for changing clothing.

5. Protecting Exposed Surfaces and Covering/Disinfecting Permanently attached Dental Unit Components.

Dental units have components that are heat sensitive or are permanently attached to the unit's vacuum or air/water lines. Other items may not enter the inmate-patient's oral cavity, but are likely to become contaminated with oral fluids during treatment procedures. Impervious-backed paper, aluminum foil, clear plastic wrap or polyethylene covers shall be used to protect surfaces that may become contaminated by blood or saliva and that are difficult or impossible to sterilize, (e.g., light handles or radiographic unit heads). These coverings, if contaminated, shall be removed between patients (while gloved), discarded, and then replaced (after ungloving). Dental unit attachments for saliva ejectors, high volume suction evacuators, slow speed hand piece motors, and air/water syringes shall be covered during use and carefully cleaned and treated after use with a chemical germicide having at least an intermediate level of activity.

6. Minimizing Potentially Infectious Droplets, Spatters, and Aerosols.

Appropriate use of chair side assistants, rubber dams, high volume evacuation, and proper patient positioning should minimize the formation of droplets, spatter, and aerosols during inmate-patient treatment. To achieve maximum reduction in hazardous aerosol production, the use of an air-water spray, high volume evacuation, rubber dam, and a pre-rinse with an anti-microbial mouthwash shall be utilized.

7. Malfunction of High Volume Evacuation Equipment

The malfunction of the high volume evacuation equipment creates a potential risk to employees and inmate-patients. Invasive dental procedures shall be suspended until repair of the high volume evacuation equipment is completed.

8. Hand Hygiene

a. The use of gloves does not eliminate the need for proper hand hygiene. Dental staff shall wash their hands with regular or antimicrobial soap and water whenever their

hands are visibly dirty or contaminated with blood or other potentially infectious material. An alcohol-based hand rub may also be used if hands are not visibly soiled. Improved adherence to hand hygiene, (i.e., hand washing or the use of alcohol based hand rubs), has been shown to reduce the transmission of antimicrobial resistant organisms, (e.g., methicillin resistant staphylococcus aureus), and to reduce overall infection rates in health care facilities. Hands must be washed before and after treating patients, when hands are visibly soiled, before gloving and after ungloving. Hands must also be washed after touching inanimate objects likely to be contaminated by blood or saliva and before leaving the operatory.

b. For oral surgical procedures, surgical hand antisepsis shall be performed before donning sterile surgical gloves. This shall be accomplished by using either antimicrobial soap and water according to the manufacturer's instructions or regular soap and water followed by drying of the hands and application of an alcohol-based surgical handscrub product with persistent activity. Extraordinary care must be taken to avoid hand injuries while performing dental procedures.

c. Hand lotions shall be used to prevent skin dryness associated with repeated handwashing.

d. Fingernails shall be kept short with smooth, filed edges to allow thorough cleaning and prevent damage to gloves. Artificial fingernails or extenders shall not be worn when having direct contact with patients.

e. Dental personnel with exudative lesions or weeping dermatitis shall refrain from all direct inmate-patient care and from handling patient-care equipment until the condition resolves.

f. All inmate-patients shall be screened for latex allergy, (i.e., take a health history and refer for medical consultation when latex allergy is suspected).

g. The CD shall ensure a latex-safe environment for staff and inmate-patients with latex allergies, and shall ensure that emergency treatment kits with latex-free products are available at all times.

9. Handling Radiographic Film Packets

All dental staff shall wear gloves when exposing or handling intra-oral dental radiographic film. Radiographic film packets shall be handled with disposable gloves using barrier envelopes. Contact with the contaminated film packet shall be avoided. If the barrier envelope is not available, the film packet shall be wiped or sprayed with an antimicrobial disinfectant prior to processing the radiographic film.

10. Sharp Instruments

Sharp instruments, (i.e., needles, scalers, burs, lab knives, scalpels and wires), that are contaminated with blood and saliva are considered potentially infective and must be handled with extraordinary care to prevent unintentional injuries. The CD shall ensure that engineering controls and work practices are in place to prevent injuries.

11. Handling Sharp Instruments

    a. Contaminated disposable syringes, needles, scalpel blades, and other sharps must be placed in a leak-proof, puncture resistant, red or labeled container prior to disposal. The container must be located as close as feasible to the area in which the item is used. To prevent needle stick injuries, needles shall not be intentionally bent, broken, or otherwise manipulated by hand after being used, unless required by the dental or medical procedure. The use of needle-retraction safety devices is highly recommended. Where engineering controls are not available, work-practice controls that result in safer behavior, (e.g., one-handed needle recapping or not using fingers for cheek retraction while using sharp instruments or suturing), shall be utilized. Unsheathed needles shall not be placed on bracket tables or instrument trays where they may present a hazard for a potential needle stick.

    b. Dental staff shall not recap contaminated needles by using both hands or by using any other technique that involves directing the point of a needle toward any part of the body. Staff shall use either a one-handed scoop technique or a mechanical device designed for holding the needle cap when recapping needles, (i.e., when administering multiple injections), and when removing contaminated needles from a non-disposable aspirating syringe.

12. General Work Practice Requirements

    a. Extreme care shall be used when removing needles from reusable syringes.

    b. Flush mucous membranes immediately, or as soon as feasible, when they are exposed, or potentially exposed, to blood or other potentially infectious materials.

    c. Sharps containers must be easily accessible, maintained upright, and not allowed to overfill. The lid shall be closed when the container is ¾ full and the container taken to the Infectious Waste storage area for disposal.

    d. Eating, drinking, smoking, applying cosmetics, and handling contact lenses is prohibited in occupational exposure areas.

    e. Storage of food and drink in refrigerators, cabinets, or on shelves or countertops where blood or other potentially infectious materials are present shall not be permitted.

    f. The storing, transporting, or shipping of blood or other potentially infectious materials, such as extracted teeth, biopsy specimens, tissue, and impressions that have not been decontaminated, shall be in closed, leakproof containers that are colored red or have a biohazard label affixed.

    g. Single-use disposable instruments, (e.g., prophylaxis angles, prophylaxis cups and brushes, tips for high-speed air evacuators, saliva ejectors, and air/water syringes) shall be used for one patient only and discarded appropriately. These items shall not be cleaned, disinfected, or sterilized for reuse.

13. Sterilization Requirement – Critical vs. Non-Critical items

    a. Critical Items

Objects or instruments that enter the skin, mucous membranes, or vascular system, or are in frequent contact with the mucous membranes, and/or skin, or are contaminated by blood and oral secretions are considered to be critical use items. Dental instruments used in the mouth are all critical use items, and the **sterilization protocols** must be followed in their cleaning and use. With the exception of situations as outlined in section d. 8) below, critical items shall be packaged prior to sterilization in a self or manual sealing pouch, or a sterilization wrap.

b. Non-Critical Items

Non-Critical items are objects or equipment that do not have contact with mucous membranes or enter the skin. These include dental operating light handles, dental radiographic equipment, operating cart/unit hoses and surfaces, dental chair surfaces, counter tops, etc. These non-critical items are cleaned using the **disinfection protocols.**

c. Instrument Processing Area

A designated central instrument processing area shall be established in all dental clinics. The area shall be divided physically or, at a minimum, spatially, into distinct areas for:

1) Receiving, cleaning, and decontamination.
2) Preparation and packaging.
3) Sterilization.
4) Storage.

d. Cleaning and Sterilization of Instruments

All re-useable Critical Items including instruments attached to, but removable from, the dental unit air and water lines, such as ultrasonic scaler tips and components parts of air/water syringe tips, etc., shall be sterilized after each use. Instruments shall be cleaned thoroughly to remove debris prior to sterilization. A recommended pre-cleaning or holding solution for surgical instruments shall be made available for use by dental staff. Metal or heat-stable dental instruments shall be sterilized after each use by steam under pressure (autoclaving). Burs to be reused shall be pre-cleaned and sterilized by steam sterilizer. Discarded burs shall be placed in a red, puncture-resistant, sharps container. Dental personnel who clean instruments and perform decontamination procedures shall wear a long-sleeve gown, mask, eye protection, and puncture and chemical resistant/heavy-duty utility gloves to decrease health risks.

1) Prior to pre-cleaning, all items shall be placed in an ultrasonic basket until sterilization. A holding, pre-cleaning, instrument soak may be used during, or after, inmate-patient treatment for instruments and items exposed to blood, serum, or other tenacious debris. Allowing debris to dry on items renders cleaning much more difficult, and only items that have been pre-cleaned should be sterilized, making pre-cleaning a mandatory prerequisite for dependable sterilization. Without proper pre-cleaning, sterilization may not be correctly accomplished.

2) All items shall be removed from the holding (pre-cleaning) instrument soak, rinsed, and placed in an ultrasonic cleaning unit per the manufacturer's recommended cleaning time. One technique for reducing the need of handling instruments is to use the ultrasonic cleaner instrument basket for both holding instruments in the instrument soak, and for transporting the instruments for rinsing.

3) Handling and hand scrubbing instruments should be avoided whenever possible since scrubbing may cause cuts, nicks, and abrasion to fingers and hands. Breaks in the skin are a major route of transmission for pathogenic microbes.

4) Ultrasonically cleaned items should be rinsed in cool water to remove soap and other cleaning residues. Placing instruments in a milk bath for 30 seconds after cleaning lubricates and assists in preventing staining, rusting, and corrosion. Instruments should be as clean as possible at this stage. If a residue of dirt, blood, or grease is left in a riveted joint of a surgical instrument, spores encased in that contaminated area may be protected from steam penetration. Under such conditions a normal sterilizer cycle may not destroy these spores completely even though all indicators show that necessary sterilization conditions have been met.

5) Drying is necessary before processing in all methods of sterilization.

6) Unsterilized instruments that require overnight storage shall be prepackaged and stored in a secure designated area.

7) Semi-critical instruments that will be used immediately or within a short time can be sterilized unwrapped on a tray or in a container system, provided that the instruments are handled aseptically during removal from the sterilizer and transport to the point of use.

8) Critical instruments intended for immediate reuse can be sterilized unwrapped if the instruments are maintained sterile during removal from the sterilizer and transport to the point of use, (i.e., transported in a sterile covered container).

9) Implantable devices shall not be sterilized unwrapped.

10) Critical instruments shall not be stored unwrapped.

11) Sterilizers shall not be overloaded by stacking packages horizontally or by filling the chambers beyond capacity. Packs shall be placed vertically on edge, leaving adequate space between packs to allow steam to circulate and to allow adequate drying of packs. Sterile packs shall always be stored in a secured area.

12) A peel pouch, (self-sealing) or non-peel pouch, (mechanical sealing) should accommodate several small instruments. It is not necessary to place one instrument per pouch to achieve sterilization. Heavier instruments, such as extraction forceps or hand pieces, should be placed individually in a single pouch. Instruments with sharp tips, (i.e., scalers, root tip elevators, etc.), may puncture or break the seal of the pouch. It is therefore recommended that the tips of such instruments be wrapped with a 2 by 2 gauze prior to placing them in the pouch. Instruments shall be placed in the pouch with the handle at the end to

be opened. Self-sealing pouches shall be sealed by peeling off the adhesive backing, folding the flap at the perforated line, and sealing with firm pressure. Non self-sealing pouches shall be sealed using the mechanical sealer, according to the manufacturer's recommendations. The outside of the pouch shall be labeled with the date of expiration, which is six months from the date of sterilization if the pouch is sealed appropriately and maintained intact.

13) When wrapping instruments with cloth or paper wraps, two wrappers are to be utilized; a wrapped piece within a wrapped piece. The wrapped instrument pack shall be secured with two pieces of sterilizer indicator tape and the expiration date, which is 30 days (one month) from the date of sterilization, recorded on the tape.

14) Proper functioning of sterilizers shall be verified by the use of mechanical, (i.e., time, temperature, and pressure), chemical, or biological, (i.e., spore testing), monitors according to the manufacturer's instructions. Heat sensitive chemical indicator pouches, (e.g., those pouches that exhibit a color change after exposure to heat to identify packs that have been processed through a heating cycle), or heat sensitive chemical indicator tape shall be utilized during sterilization.

15) All sterilizers shall be monitored at least weekly using a biological indicator with a matching control, (i.e., a biological indicator and control from the same lot number). The spore tests may be sent to a medical laboratory for verification and documentation of the proper operation of each sterilizer, or may be processed on site, according to the manufacturer's instructions.

16) A Biological indicator shall be used for every sterilizer load that contains an implantable device and the results verified before using the implantable device, whenever possible.

17) Following manufacturers' instructions for instruments, hand pieces, and steam sterilizers is critical and therefore mandatory. The integrity of a sterilization process has been shown to be a function of three basic parameters: time, temperature, and the presence of saturated steam (pressure). All three are essential for effective steam sterilization. For high instrument turnover situations, such as clinics used by contract oral surgery specialists, the use of rapid cycling 220V autoclaves rather than slower 110V models may be the most efficient equipment selection.

18) Steam Sterilizer Parameter Measurements.
    a) Temperature: 250° F
    b) Pressure: 20 Pounds per Square Inch (p.s.i)
    c) Time: Twenty minutes from the time the temperature and pressure reach the minimum limits. The actual time for some newer computerized models is only 15 minutes.

19) Chemical Sterilizer Parameter Measurements, (not recommended without proper ventilation or purging of the fumes).
    a) Temperature: 270° F

b) Pressure: 20 p.s.i.

c) Time: Twenty minutes from the time the temperature and pressure reaches the minimum limits.

20) Biological spore test monitoring and record keeping should be performed at least once a week (Monday, Tuesday, or Wednesday) in all sterilizers:

a) Prior to placing the spore test into the sterilizer, all required information must be completed on the mailing package. It is critical to note the sterilizer serial number and the date of the test.

b) Place the spore test in a pouch and seal. Place the indicator in the center of the first load of the day.

c) Process the load as usual.

d) Remove the indicator from the sterilizer and allow cooling for ten minutes.

e) Place the spore test in the labeled envelope, and send to the laboratory for processing.

f) If the laboratory spore test comes back "positive for growth", the following procedures shall be followed:

i) The sterilizer shall be removed from service and sterilization procedures reviewed, (i.e., work practices and use of mechanical and chemical indicators), to determine whether operator error could be responsible.

ii) The sterilizer shall be retested, by using biological, mechanical, and chemical indicators after any identified procedural problems have been corrected.

iii) If the repeat spore test is negative, and mechanical and chemical indicators are within normal limits, the sterilizer back may be returned to service.

iv) If the repeat spore test is positive:

1) The sterilizer shall not be used until it has been inspected or repaired, and the exact reason for the positive test has been determined.

2) To the extent possible, all items sterilized since the last negative spore test shall be recalled and reprocessed.

3) After the cause of the sterilizer failure has been determined and corrected, and before being returned to service, the sterilizer shall be retested with a biological indicator spore test in three consecutive empty chamber sterilization cycles.

g) The monitoring records of all sterilizers are to be maintained by the CD or designee for three years.

21) Heat sensitive indicators on the outside of each pouch or each wrapped pack change colors only when the correct temperature is reached. The color change alone does not indicate if the required time or pressure was maintained. Heat

sensitive chemical indicators, (e.g., those that change color after exposure to heat alone), do not ensure adequacy of a sterilization cycle, but may be used on the outside of each pack to identify packs that have been processed through the heating cycle.

22) Cleaning and routine maintenance according to manufacturer's instructions is mandatory and required to assure proper functioning and to extend the life of sterilizers. Sterilizers are to be cleaned, at a minimum, the first and third week of every month per manufacturer's instructions, using an approved cleaning agent.

23) Decontamination and disinfection of Environmental Surfaces

a. After each inmate-patient has been treated, and at the end of each work cycle, counter tops and other operatory surfaces that may have become contaminated with blood or saliva shall be wiped with an absorbent toweling to remove extraneous organic material. The surfaces shall then be disinfected with a suitable chemical germicide. A solution of sodium hypochlorite, prepared fresh daily, is an inexpensive and effective germicide. Concentrations ranging from 5,000 parts per million (ppm), (i.e., 1:10 dilution) of household bleach, to a 500 ppm, (i.e., 1:100 dilution) of sodium hypochlorite are effective, depending upon the amount of organic material present on the surface to be cleaned. An EPA-registered hospital disinfectant with intermediate-level disinfectant capabilities, (i.e., tuberculocidal, HIV, and HBV label claims), may be utilized in lieu of sodium hypochlorite. The surfaces must be saturated for at least ten minutes with the disinfectant prior to wiping up the excess. Because it is corrosive to metal, especially aluminum, care must be taken in the use of sodium hypochlorite. The use of other disinfectants should follow manufacturer's recommendations. With any disinfectant, adequate room ventilation, along with the use of gloves, mask, and protective eyewear is required.

b) Housekeeping surfaces, (i.e., floors, walls, and sinks), shall be cleaned with a detergent and water or with an Environmental Protection Agency (EPA) registered hospital disinfectant/detergent on a routine basis. The frequency of cleaning shall depend on the nature of the surface and type and degree of contamination present, based on the location in the facility. Housekeeping surfaces shall be cleaned when visibly soiled.

c) Mops and cloths shall be cleaned after use and allowed to dry before reuse; or single-use disposable mop heads and cloths may be used.

d) Cleaning agents or EPA-registered disinfecting solutions shall be freshly prepared on a daily basis or as instructed by the manufacturer.

e) Walls, blinds, and window curtains in patient-care areas shall be cleaned when they are visibly dusty or soiled.

f) Carpeting and cloth-upholstered furnishings shall not be used in dental operatories, laboratories, and instrument processing areas.

g) All dental personnel with contaminated gloves shall avoid contact with objects such as charts, telephones, dental medicaments, and cabinets during patient treatment procedures to limit the field of contamination. Soiled gloves shall be removed before touching clean surfaces or retrieving needed supplies or instruments.

24) Hand Piece Sterilization

All high-speed dental hand pieces, low-speed hand piece components used intra-orally, and reusable prophylaxis angles shall be sterilized, (e.g., steam autoclaved), between patients. Manufacturers' instructions for sterilizing hand pieces shall be closely followed. The following cleaning and sterilization procedures shall be accomplished between each inmate-patient use.

a) Flush the handpiece air/water spray by discharging it for 20-30 seconds after each inmate-patient treatment.

b) Consult with the dental unit manufacturer on the need for periodic maintenance of anti-retraction mechanisms.

c) Thoroughly scrub the hand piece with a detergent and water.

d) Do not immerse the hand piece unless manufacturer's instructions specifically recommend it.

e) Follow manufacturer's pre-sterilization lubricating instructions.

25) Sterile Water Use

a) As mandated by the State of California Board of Dental Examiners in the Dental Practice Act, sterile water shall be used in all CDCR dental clinics for invasive dental surgical procedures.

b) Facilities not currently equipped with dental units that have a built-in sterile water dispensing apparatus, or dental operatories without sterile water available on a stand-by basis, shall be ensured that sterile water dispensing devices are available and that such devices shall be included in dental units being proposed for purchase as a part of this Policy and Procedure.

c) Sterile water shall be procured from a vendor and kept in the dental clinic storage area for ease of availability.

26) Flushing Water Lines

Water retraction valves within the dental unit may aspirate infectious material back into the hand piece and water lines. It is mandatory that water-cooled hand pieces be run to discharge water for 20-30 seconds after each dental procedure. This is intended to physically flush out infectious material that may have been aspirated into the hand piece or water line. Additionally, there is some evidence that overnight bacterial accumulation in water lines can be significantly reduced by running and discharging water lines for several minutes at the beginning of the clinic day before connecting the sterilized hand piece to the dental unit. In view of this, all dental water lines shall be flushed for two minutes at the beginning and end of each day.

27) Handling Biopsy Specimens

Biopsy specimens shall be placed into a sturdy container with a secure lid to prevent leaking during transport. Care shall be taken when collecting specimens to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it shall be cleaned and disinfected or placed in a leak-proof bag.

28) Disposal of Sharps and Infectious Waste

All sharps (especially needles), human tissue, or blood shall be considered potentially infectious and shall be handled and disposed of with special precautions. Disposable needles, scalpels, or other sharp items shall be placed intact into a puncture-resistant, red sharps container before disposal. Blood, suctioned fluids, or other liquid waste may be carefully poured into a drain connected to a sanitary sewer closed system. Other solid waste contaminated with blood or other body fluids shall be placed into sealed, sturdy, impervious bags to prevent leakage of the contained items (red Biohazard bags shall be available). For reusable laundry, biodegradable laundry bags (sugar bags) shall be used and placed inside yellow Contaminated Linen bags.

29) Dental Clinic Disinfection

At a minimum, dental clinic floors and surrounding areas shall be mopped, cleaned, and disinfected daily with an EPA approved disinfectant. This may be done more frequently as required.

30) Biohazard Emblem

a) A biohazard emblem shall appear on all trashcans that are lined with a red biohazard bag.

b) A biohazard emblem shall appear on the access opening to the area where the central vacuum system is housed. Dental personnel shall ensure that the floor and surrounding area of the central vacuum system is disinfected at least once a week, preferably on a Friday, with an EPA approved disinfectant. When flushing or cleaning the lines from the units to the central vacuum system only an acceptable non-detergent, enzymatic cleaner shall be used.

c) Once a month, dental personnel shall ensure that the filter on the central vacuum is changed, and that the contaminated filter is disposed of as biohazard waste.

31) Mycobacterium tuberculosis

a) All dental staff shall receive annual training and testing regarding the recognition of signs, symptoms, and transmission of TB. Dentists shall assess inmate-patients to check for a history of TB as well as symptoms indicative of TB and document their findings on the dental health history form.

b) The following treatment procedures shall be followed for inmate-patients known or suspected to have active TB:

The inmate-patient shall be evaluated away from other patients and staff. When not being evaluated, the inmate-patient shall wear a surgical mask and/or be instructed to cover their mouth and nose when coughing or sneezing.

Elective dental treatment shall be deferred until the inmate-patient is noninfectious.

Inmate-patients requiring urgent dental treatment shall be referred to a facility with TB engineering controls and a respiratory protection program.

B. INFECTION CONTROL IN DENTAL LABORATORIES

Infection control can be accomplished most efficiently in the dental laboratory by the use of a barrier system that inhibits passage of infectious diseases between the clinical areas and the laboratory. This shall be accomplished by disinfecting all material coming into and going out of the laboratory. When handling any disinfectant solution, gloves, mask, and eye protection shall be worn. Adequate ventilation of rooms in which a disinfectant spray or solution is used is mandatory to avoid personnel and inmate-patient exposure to noxious gases and fumes.

1. Cast and Material Handling in the Dental Clinic and Laboratories

   All casts and materials sent from dental clinics to a dental laboratory shall be enclosed in sealed plastic bags or plastic wrap, (e.g., Saran Wrap), to avoid contamination of packing materials. Laboratory personnel who handle incoming cases shall wear disposable examination gloves. Casts, prostheses, and all other submitted materials shall be immediately transferred to a disinfection area, such as a sink with an overlying drain board, before they are placed in laboratory case pans. The materials shall be placed on the drain board with the cast standing on end so that the disinfectant will not pool in the palatal and lingual areas. Diluted hard surface iodophors are recommended as the agent of choice for disinfection since they can be used for all necessary laboratory disinfection procedures, are not harmful to the tissues, and are safe if ingested. All surfaces of casts, prostheses, and other materials shall be sprayed with a hard surface iodophor solution, (i.e., Biocide or Wescodyne diluted to 213 parts water to one part iodophor, or according to manufacturer's recommendation). The solution shall be permitted to remain on the materials for ten minutes before rinsing with water. Although hard surface iodophors are EPA approved for ambient use, technicians should use a facemask during the spraying procedure.

2. Shipping and Receiving Benches

   Shipping and receiving benches shall be disinfected daily. The surface shall be pre-cleaned by swabbing with a disposable towel or gauze saturated with disinfectant or by spraying and then spreading the spray with disposable towels. The disinfectant shall be allowed to remain in contact with the surface for at least ten minutes before being wiped away. Identical procedures shall be used to disinfect laboratory case pans.

3. Disinfection Processes

   a. Materials leaving the laboratory for the dental clinics shall be disinfected in the same manner as those entering the laboratory. Appliances shall be removed from the casts and placed in a glass beaker containing the iodophor solution. The appliance shall remain in the solution for at least ten minutes. Casts and other materials shall be disinfected in the manner described in the above section on casts and materials. Following removal from the disinfectant, the material shall be rinsed with water and enclosed in a plastic bag or plastic wrap prior to placement in the shipping box.

   b. Non-metal impression trays, casts, prostheses, jaw relation records, etc., shall be disinfected when they enter and leave the laboratory. Technicians performing disinfection shall wear gloves, masks, eye protection and disposable aprons or gowns.

   c. Heat-tolerant items used in the mouth, (i.e., metal impression trays and face-bow forks, etc.), shall be cleaned and heat-sterilized.

   d. Pumice pans used for polishing prostheses immediately following clinical adjustment shall have disposable plastic liners, (saran wrap or polyethylene tray covers). The rag wheel and pumice should be changed after each patient. The pumice shall be mixed with iodophor to further minimize contamination.

   e. Manufacturers' instructions for cleaning, sterilizing, or disinfecting items that become contaminated but do not normally contact the patient, (i.e., lab burs, polishing points, rag wheels, articulators, case pans, and lathes) shall be followed. If the manufacturer's instructions are unavailable, items shall be cleaned and heat sterilized (if heat-tolerant) and/or cleaned and soaked overnight in an iodophor or hypochlorite solution. CAUTION – sodium hypochlorite can be corrosive to some metals.

   f. Dental laboratory technicians shall include specific information regarding disinfection techniques used, (i.e., solution used and duration), when laboratory cases are sent offsite and when they are returned.

CHAPTER 3.2
Control of Dental Instruments and Sharps (E)

I. POLICY

All California Department of Corrections and Rehabilitation (CDCR) dental staff shall maintain control of and provide accountability for dental instruments, sharps, and other equipment items that pose a threat to persons or to the security of the institution.

II. PURPOSE

To establish guidelines and procedures that will ensure that all CDCR dental staff maintains proper control of and accountability for dental instruments.

III. PROCEDURE

A. CDCR dental staff in all main dental clinics and yard dental facilities shall be held accountable for and maintain an ongoing inventory of all instruments and dental sharps. Dental sharps are defined as needles and scalpels.

B. All dental instruments and sharps shall be counted at the beginning and end of each work shift, and before any midday break by designated staff. Attending dental staff shall document and initial the count on the *Tool Control Inventory Report* form.

C. All dental instruments and sharps shall be listed on the *Tool Control Inventory Report* form. Dental staff shall initial the date, and the watch on which the counts were performed.

D. A visual accounting of dental instruments and sharps shall be completed before and after each dental treatment, (e.g., prior to dismissing the inmate-patient).

E. All dental instruments are to be scribed and, if required (i.e., in a dental group setting), color-coded to meet the requirements of Departmental Operations Manual (DOM) Section 52040.5.

F. Dental instruments and sharps shall be kept in secured cabinets in each dental facility. An inventory sheet of the tools in the cabinet shall be posted in each cabinet.

G. Contaminated dental instruments and sharps shall be considered as potentially infectious and must be handled with extraordinary care to prevent unintentional injuries. (Ref: Infection Control Procedures, Chapter 3.1)

H. In the dental laboratories, inmate workers shall handle dental equipment or tools only under the direct supervision of dental, health care, or custodial staff.

I. In the dental clinics, inmates shall not handle dental equipment or tools.

J. When not in use, all dental instruments, syringes, needles, and sharps shall be secured in the dental operatory, or other secure storage area.

K. All damaged, broken, or worn instruments shall be disposed of as "hot trash." The disposition of such tools shall be annotated in the appropriate block on the tool inventory sheet, and in accordance with each institution's Operation Procedure on Tool Control.

L. Tool inventory reports shall be routed in accordance with the institution's tool control operational procedures by the office technician (OT).

M. Tool inventory reports shall be maintained on file for one year by the OT.

N. The loss of any instrument(s) or tool(s) shall be immediately reported to the Chief Dentist (CD), and the Watch Commander at the facility. The CD or designee shall follow the Operations Procedure on Tool Control at the institution, and shall ensure that, after a thorough search of the dental facility has been conducted, a "Lost Tool Report" is prepared and hand carried to the Watch Commander by the dental staff member reporting the lost or missing tool.

O. Dental impression materials and waxes shall be stored in a secure location and never be left unattended. These materials can be used to create masks and impressions of keys.

P. All materials deemed to be flammable, toxic, and caustic shall be stored in secure areas that are inaccessible to inmates. An inventory and a system of accountability for their distribution shall be maintained. These materials must be stored in approved, fireproof, locked cabinets, in accordance with manufacturer's and Occupational Safety and Health Administration's (OSHA) guidelines. Inmates shall have access to such items only under the direct supervision of qualified staff.

Q. Hazardous Dental Materials include, but are not limited to:

- **Flammable Materials –** Liquids with a flash point below 100° F.
- **Toxic Materials –** Substances that through chemical reaction or mixture can produce possible injury or harm to the body by entering through the skin, digestive tract or respiratory tract.
- **Caustic Materials –** Substances that can destroy or eat away by chemical reaction.

CHAPTER 3.3
Radiation Protection (E)

I. POLICY

California Department of Corrections and Rehabilitation (CDCR) dental staff licensed to take dental radiographs shall comply with all applicable safety and regulatory standards for radiation producing devices utilized by the CDCR. The Chief Dentist (CD) shall establish a Radiation Protection Program, (RPP) in all dental units that contain dental radiographic equipment.

II. PURPOSE

To establish safety standards and procedures for dental radiographic units in CDCR dental facilities.

III. PROCEDURE

The following procedures are designed to provide radiation protection for all occupationally and non-occupationally exposed persons within the dental clinics, with the goal of reducing radiation exposure to **as low as reasonably achievable** (ALARA). Some methods of protection may not be practical at all locations or in all instances, but the Safety and Operating Procedures must be strictly followed to achieve the ALARA objectives.

A. Only dental staff licensed in accordance with the State of California Dental Board, *Dental Practice Act*, Article 3, and Section 1656, Radiation Safety Requirements shall be allowed to operate dental radiographic equipment.

B. All operators of radiographic equipment are responsible for radiation safety and appropriate dental radiology operating and safety procedures must be utilized while exposing all radiographs.

C. Radiographic film screen combinations shall be of adequate speed to provide minimal radiation exposure to the inmate-patient, while maintaining radiographic detail for interpretation of the examination.

D. All dental staff working within the vicinity of the ionizing radiation source, (i.e., the dental radiographic units), must wear appropriate radiation monitoring badges or dosimeters. Radiation monitoring badges shall be worn at chest level by all dental clinic staff. The badges are not to be worn outside the dental treatment area.

E. The safety and welfare of inmate-patients must be considered at all times, and appropriate shielding devices, such as gonad shielding, lead aprons, thyroid shields, portable shields, etc., shall be used at all times for all inmate-patients when dental radiographs are taken.

F. All protective lead aprons shall contain 0.25 millimeters or more of lead equivalence and shall be stored on an apron rack or on hangers to prevent bending or cracking of the

protective lead lining. Aprons shall be regularly checked for holes, cracks or tears. When a lead apron is found to be defective, staff shall cease using the apron, and notify the Chief Dentist (CD) or designee to obtain a replacement.

G. A thyroid shield shall be utilized on all inmate-patients unless it interferes with the examination. (This is not a regulatory requirement, but is a statement of accepted good practice in keeping exposure to a minimum.)

H. All dental radiographic equipment shall have devices to limit the radiation exposure to inmate-patients and employees. These devices include filters that reduce unnecessary low energy radiation from the primary beam, and collimators, which restrict the size of the X-ray beam. Staff shall not alter, remove, tamper with, or defeat these devices, or in any way cause needless radiation exposure.

I. All dental staff shall make every reasonable effort to maintain radiation exposure at the lowest possible dosage.

J. The CD shall review the radiation exposure reports monthly to ensure that personnel do not exceed established regulatory limits on radiation exposure. The CD shall investigate all exposures that exceed established regulatory limits.

K. The CD shall maintain a file of radiation exposure reports for a period of three years.

L. All dental staff exposing radiographs must comply with the Division of Correctional Health Care Services (DCHCS) guidelines on dental radiology quality assurance.

M. All dental radiographic units shall be inspected and calibrated annually in accordance with DCHCS requirements.

N. Only a licensed medical biomechanical technician shall perform preventive maintenance, repair, and calibration of dental radiographic equipment.

O. Dental personnel shall not hold a radiographic film in the inmate-patient's mouth while exposing a radiograph.

P. Dental staff shall immediately report to the CD or designee, any incidental equipment malfunction or condition that may cause any unnecessary radiation exposure.

Q. Inmate-patient dental radiographs shall be taken only upon the authorization of a dentist.

R. Dental staff shall maintain the radiograph processing room and radiographic equipment in a sanitary condition and shall strictly adhere to the dental infection control standards.

S. The lead lining in dental radiographic film packets shall be separated from the film packets when processing the exposed film and shall be stored in the clinic, or other appropriate area, for recycling by the Institution Hazardous Materials Specialist.

T. A copy of radiographic certificates, rules, and regulations, as required by the DCHCS, shall be posted in each dental clinic in full view of all inmate-patients and staff.

U. The CD shall establish a Radiation Protection Program (RPP) for the purpose of ensuring staff and inmate-patients do not suffer unnecessary radiation exposure. The RPP shall be reviewed annually regarding program content and implementation by all dental staff. All staff shall be required to know the procedures and requirements of the RPP and to demonstrate proper use of the procedures.

V. Dental assistants shall not operate dental radiographic equipment unless authorized by a dentist.

W. A restricted area shall be established in each dental facility for the isolation of scatter radiation. A "Caution Radiation Area" sign shall designate this area.

X. During each exposure staff shall either stand at least six feet from the useful beam or stand behind a protective barrier. No one besides the inmate-patient being treated shall be allowed within six feet of the useful beam while exposing a radiograph.

Y. Dental staff shall never hold the tube housing or the support housing of the radiographic unit during any exposure. Dental staff shall not ask the inmate-patient to hold the tube housing or the support housing of the radiographic unit during any exposure. The tube housing must not drift or move during any exposure. If a problem with stability of the suspension arm develops, the radiographic unit shall be taken out of service, and the CD shall be notified immediately. The CD shall arrange for service as soon as possible.

Z. External Imaging for Panographic Machines.

1. Position the patient and center the beam for cephalometric, parametric, and tomographic machines following the instructions in the operator's manual.
2. If the processed film appears misaligned, the unit shall be taken out of service and the CD shall be notified. The CD shall arrange for service as soon as possible.
3. When utilizing cephalometric and tomographic machines, the X-ray beam shall be adjusted to the size and area specified by the doctor.

CHAPTER 3.4
Hazardous Chemical and Waste Management (E)

I. POLICY

All California Department of Corrections and Rehabilitation (CDCR) dental staff shall manage chemical and other hazardous waste generated in each dental facility in compliance with standards mandated by the Environmental Protection Agency (EPA), the Occupational Health and Safety Administration (OSHA), Occupational Safety and Health Standards, Number 1910.120, Parts 1200, 1910, and 1926 of Title 29 of the Code of Federal Regulations; and in accordance with each institution's Local Operating Procedure. The Chief Dentist (CD) shall ensure that all dental facilities have implemented and are in compliance with these regulations.

II. PURPOSE

All dental facilities in the CDCR shall develop a comprehensive environmental health program, (e.g., a Hazardous Communication Program), as a standard to maintain the health and welfare of all inmates and staff. These policies shall be developed in consultation with the prison administration, and the Health Care Manager, (HCM) for the purpose of establishing procedures and regulations for the safe handling and disposal of chemicals and other hazardous waste generated in the CDCR dental facilities.

III. PROCEDURE

A. Required training and documentation.

1. All Hazardous Materials and dental medicaments utilized in each dental clinic shall have an individual Material Safety Data Sheet (MSDS), on file in a visible location in the dental clinic.
2. The CD shall ensure that all dental staff receives MSDS orientation and training. This training shall be conducted at least annually or as frequently as required.
3. All dental staff MSDS training records shall be kept on file by the CD for a period of three years.
4. To ensure compliance with this standard, environmental inspections or parts of the inspections may be conducted by health services staff, correctional staff, an outside agency, (e.g., a local or state health department), or any combination of the above.
5. Inspections, with written reports shall be submitted to the prison administration and the responsible health authority as required by local institutional policy, or more frequently as appropriate to ensure that inmate-patients are receiving dental care in a clean, safe, and healthy environment.
6. All inmate-patients shall, at their initial Reception Center Screening appointment, receive a copy of the Dental Materials Fact Sheet (DMFS), as mandated by the California State

Dental Board. Dental staff shall document in the Unit Health Record that the inmate-patient received the DMFS.

7. All dental departments shall procure the least toxic and environmentally adverse chemicals to perform a required task.
8. The storage and disposal of toxic materials shall be performed in accordance with manufacturer's and institutional regulations, and in a safe and environmentally sound manner.
9. All dental departments shall implement required emergency procedures in the event of a chemical spill or accident.
10. Emergency eye wash stations shall be installed in all dental clinics and dental laboratories in accordance with the mandates of regulatory agencies.

B. Handling Scrap Amalgam

1. Non-contact Scrap Amalgam is defined as:
   - Amalgam that was mixed but not used.
   - Damaged, unused amalgam capsules.
2. Non-contact scrap amalgam shall not be covered with water or with used radiographic film fixer.
3. Non-contact scrap amalgam shall be stored in a labeled container in the facility Dental Clinic for the legally allowed period of time until disposed of by the institution's Hazardous Materials (HazMat) Specialist.
4. Empty amalgam capsules shall be discarded in the general trash.
5. All dental clinics shall utilize amalgam capsules and covered amalgamators. Dental departments shall not formulate amalgam, (e.g., utilizing the storage of liquid mercury and metal powder to make the amalgam alloy).

C. Extracted Teeth, Teeth Containing Amalgam, and Drain Trap Amalgam

1. Extracted teeth, teeth containing amalgam, and drain trap amalgam shall be handled using universal precautions and shall be stored separately from non-contact scrap amalgam.
2. Extracted teeth and teeth containing amalgam shall be stored in separate labeled containers with lids.
3. Amalgam retrieved from drain traps (contact amalgam) shall be stored in the same container as extracted teeth containing amalgam. Commercial systems are available for the disposal of teeth containing amalgam as well as drain trap amalgam. Proper protocol for the disinfection, storage, and disposal of teeth containing amalgam and contact amalgam shall involve consultation with local city and county regulatory agencies, local biohazard waste disposal companies, and the Institution HazMat Specialist.
4. Extracted teeth, teeth containing amalgam, and drain trap amalgam shall be stored in the dental clinic for the legally allowed period of time until disposed of by the Institution HazMat Specialist.

D. Lead Foil

Lead foil from radiographic film packets shall be retrieved and stored in a covered-labeled container for the legally allowed period of time until disposed of by the institution's HazMat Specialist.

E. Trash Containers

All dental facilities shall have separate trash containers for general trash, (i.e., non-infectious waste), and for infectious trash. Infectious waste and blood soaked items, (i.e., teeth, oral tissues, gauzes, disposable garments, etc.), shall be placed in a container that is visibly labeled, and lined with a red bag, and shall be handled in accordance with the Hazard Communication Program and institutional procedures. All general trash shall be handled according to the institution general trash disposal procedures.

F. Laundry

1. Laundry services, whether on-site or contracted, shall assure the availability of a sufficient supply of clean linen, (e.g., scrubs, protective gowns, towels, etc.), for all dental facilities. Laundry contaminated with infectious materials shall be handled using precautions, (e.g., scrubs, protective gowns, towels, etc.), and shall first be placed in a bio-degradable (sugar) bag then in a yellow Contaminated Linen bag and appropriately processed according to regulations.
2. The office technician (OT) shall coordinate pick up and delivery of all laundry.

G. Housekeeping

1. All dental facilities shall have a comprehensive housekeeping program that identifies what has to be cleaned, at what frequency, by whom, how it is to be cleaned, and who evaluates cleaning effectiveness.
2. Housekeeping procedures for all dental operatories, (e.g., the dental units, counter tops, floors, etc.), shall be performed daily or more frequently if necessary in accordance with infection control procedures.
3. Sufficient and appropriate EPA approved disinfectants, cleaning equipment, and supplies shall be ordered by the OT and made available for housekeeping.
4. Refuse, including hazardous refuse and waste, shall be handled, stored, and disposed of in a safe and sanitary manner consistent with local, state, and federal regulations.

H. Risk Exposure

1. There shall be a sufficient number of electrical outlets available for the operation of equipment and appliances so that extension cords are minimally used in the dental clinics.
2. Fire retardation equipment, (e.g., chemical tanks), shall be available in all dental facilities and laboratories. These items shall be kept in working order and fire safety personnel

shall conduct and log regular inspections of this equipment according to the institutional policy.

3. All dental facilities shall have self-closing doors, which shall be kept closed and secured when not in use.
4. All highly flammable dental materials, (e.g., butane gas, flammable alcohols, etc.), shall be regularly inventoried and stored in an approved fireproof, locked, storage cabinet.
5. Personal protective equipment, (e.g., gloves, gowns, lab coats, face shields, etc.), shall be available to all employees who may be potentially exposed to infectious or hazardous materials or objects.
6. All dental lathes, model trimmers, and other similar equipment shall be fitted with protective shields.

I. Inspections

1. All dental equipment (e.g., HVAC, radiographic equipment and developers, dental operatory units, etc.) shall be inspected and serviced regularly, consistent with manufacturer's specifications and state regulations, to ensure that all systems continue to function properly.
2. Dental facilities shall have sufficient ventilation and temperature control devices in accordance with regulations.
3. Ground fault interrupters (GFI) shall be in place on all outlets in proximity to water, (i.e., dental operatories, near sinks, eye wash stations, sterilizers, etc).
4. Any negative pressure areas for the control of infectious disease shall be regularly monitored for air quality.